Labor Organization Officer and Employee Report

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U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



This report is mendatory under P.L. 86-257, as amended. Febure to comply may result to Form approved - CMB No. criminal prosecution, fines and tivil penalties as provided by 29 U.S.C. 439,440. . Name and address of person fling 2. Name and accress or labor organization General Drivers, Delivery Drivers and Kathy Naumann Helpers, Local Union No. 14 P. O. Box 14765 5763 Cedar Ave Las Vegas, NV 89110 Las Vegas, Nevada 89114 3. Position in labor organization 4. Date flagal year encied January 1997 to July2000 033-295 Labor Consultant Enter appropriate data below if, during the pest facel year, you or your speuse or minor shill directly or indirectly had any of the follow terests (except as specified in the execusions set forth in the instructional) Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an manoyer whose employees your ingenius tien represents or is actively seeking to represent. 8. Name of Employer ACC SES OF FITODOMY Nature of Interest, Transaction of Income Held an interest in or centred income or economic benefit with monetary value break a basiness (1) a substantial part of which consists of buying from, setting or lessing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively serving to represent, or (2) any cost of which controls of buying from or easing of realing or realizably to, or otherwise desing with your labor organization or with a trust in which your labor organization is interested. 5. Name of business ACCTORNS OF THE PROPERTY American Income Life Insurance Company, P.O. Box 2608, Waco TX 10. If 98 or 9C is choosed give trust or emotoyer's name A. Usor Organization □ 8 Trust C. Ercioyer 11. Nature and approximate constitution of such dealings American Income Life Insurance Company provided, at no additional cost, an additional accidental death benefit of \$10,000 to the individual listed above while they were traveling in any convenience on official Union business. No benefits were paid to insured. Agreement with 12. Nature of whether rand or means received insurance company was immediately terminated upon being notified to do so by the Independent Review Board in its letter dated June 6, 2000 to Patrick Szmanski, General Counsel for the International Brotherhood of Teamsters. This form is being filed as instructed in that letter. Receives from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of value 13. Pleme end docress of employer 🗀 a constant 14. Nature of payment 2000 USDOL/ESA IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS Signature and reinfeation—The underagned declares, under the appropriate permitter of the law, that all of the information in the report, including the employeested therein or referred to in this report, has been examined by him and is, to this beest of his impostage and belief, thus, correct and complete.

Las Vegas

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Form UA-30 (Fee: 1986)

Nevada

State

Labor Organization Officer and Employee Report

U.S. Department of Labor

Employment Standards Administration Office of Labor-Management Standards



This report is mandatory under P.L. 35-267, as amended. Fallure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188 Expires 11-30-2002

Name and address of person filing		Name and address of labor organization	
Kathy Naumann		General Drivers, Delivery Drivers and	
5763 Cedar Avenue			l Union No. 14
Las Vegas, NV 89110		P.O.Box 14765	
Position in labor organización	4. Date fiscal year	Las Vegas NV	89114
Labor Consulant		7 to July 2000	L 033-295 U-1116
nter appropriate data below II, during the	past fiscel year, you or yo	our apouse or minor child	directly or indirectly had any of the following in-
prests (except as specified in the exclusio	na set forth in the instruc	tions):	
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Name of Employer		Address of Employer	
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seeking to represent, or (2) any part of who organization or with a trust in which your is			or indirectly to, or otherwise dealing with your labor
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Section 11 Market Land		7100	
Business deals with—		10. If 9B or 9C is checke	d give trust or employer's name
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Received from any employer (other that any payment of money or other thing of valid Name and address of employer **) American Income Life Inst. P.O.Box 2608 Waco, TX 76797	or consultant [] surance Company coec space is afforce good declares, under the a referred to in this report, ha	See ATTACH ADDITIONAL S pplicable penalties of the la	USDOL/ESA OLMS/DOE/SRD from any labor relations consultant to an employer Attachment HEETS The information in this report, including

Labor Organization Officer and Employee Report LM-30

General Drivers, Delivery Drivers and Helpers, Local Union No. 14 File Number 033-295

No. 14 Nature of payment:

American Income Life Insurance Company provided, at no additional cost, an additional accidental death benefit of \$10,000 to the individual listed above while they were traveling in any convenience on official Union business. No benefits were paid to insured. Agreement with insurance company was immediately terminated upon being notified to do so by the Independent Review Board in its letter dated June 6, 2000 to Patrick Szmanski, General Counsel for the International Brotherhood of Teamsters. This form is being filed as instructed in that letter.

